

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acecomgroup.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">351346IA510.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">351346IA610.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">351346IA1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL. ASSN-IA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351346IA112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.


<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSM-TA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

[illegible]

[illegible]

[illegible]



<b>(800) Operating Companies</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-----------------------------------------------------------------	----------------------------------------------------------------------------------

<010>	Study Area Code	251346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroun.com
<810>	Reporting Carrier	Ace Telephone Association IA
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association IA

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACB TEL ASSN-IA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- |       |                                                                                                |
|-------|------------------------------------------------------------------------------------------------|
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. |
| <922> | Feasibility and sustainability planning;                                                       |
| <923> | Marketing services in a culturally sensitive manner;                                           |
| <924> | Compliance with Rights of way processes                                                        |
| <925> | Compliance with Land Use permitting requirements                                               |
| <926> | Compliance with Facilities Siting rules                                                        |
| <927> | Compliance with Environmental Review processes                                                 |
| <928> | Compliance with Cultural Preservation review processes                                         |
| <929> | Compliance with Tribal Business and Licensing requirements.                                    |

Select (Yes, No, NA)
<div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481

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July 2013

<010>	Study Area Code	351346
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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 July 2013

<010>	Study Area Code	351346
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<020>	Program Year	2015
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecongroup.com

351346TA1200.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |                                                                                                                       |                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,                                                        | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.                                                      | <input checked="" type="checkbox"/> |

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

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July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

## Data Collection Form

OMB Control No. 3060-0586/OMB Control No. 3060-0819

July 2013

<020> Study Area Code 351346  
 <015> Study Area Name ACE TEL ASSN-TA  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5078266211 ext.  
 <035> Contact Email Address - Email Address of person identified in data line <030> cwsweet@acecomgroup.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
 (3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐ ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

3513461A3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASSN-IA
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL ASSN-IA	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2014
Printed name of Authorized Officer: Todd Roessler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 351346	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<010> Study Area Code	351346
<015> Study Area Name	ACE TEL ASGN-IA
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

**(700) Price Offerings including Voice Rate Data  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecosgroup.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 351346  
<015> Study Area Name ACE TEL ASSN-IA  
<020> Program Year 2015  
<030> Contact Name - Person USAC should contact regarding this data Cynthia Sweet  
<035> Contact Telephone Number - Number of person identified in data line <030> 5078966211 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> csweet@aceccomgroup.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	IA	Canton	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Canton	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Canton	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	IA	Castalia	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Castalia	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Castalia	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	IA	Clermont	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Clermont	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Clermont	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	IA	Dorchester	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Dorchester	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Fort Atkinson	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Fort Atkinson	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Fort Atkinson	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	IA	Harpers Ferry	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Harpers Ferry	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Harpers Ferry	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	IA	Highlandville	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance
	IA	Highlandville	34.95	0.0	34.95	8.0	1.0	0.0	Other, no limit on usage allowance
	IA	Highlandville	49.95	0.0	49.95	15.0	1.0	0.0	Other, no limit on usage allowance
	IA	New Albin	39.95	0.0	39.95	1.0	0.512	0.0	Other, no limit on usage allowance

(710) Broadband Price Offerings  
Data Collection Form

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<010>	Study Area Code	351346
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<015>	Study Area Name	ACE TEL ASSN-IA
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
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<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	5078966211 ext.
--------------------	----------------------------------------------------------------------------------------	-----------------

<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecomgroup.com
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[illegible]

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acerosgroup.com

<810>	Reporting Carrier	Ace Telephone Association IA
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association IA

[illegible]



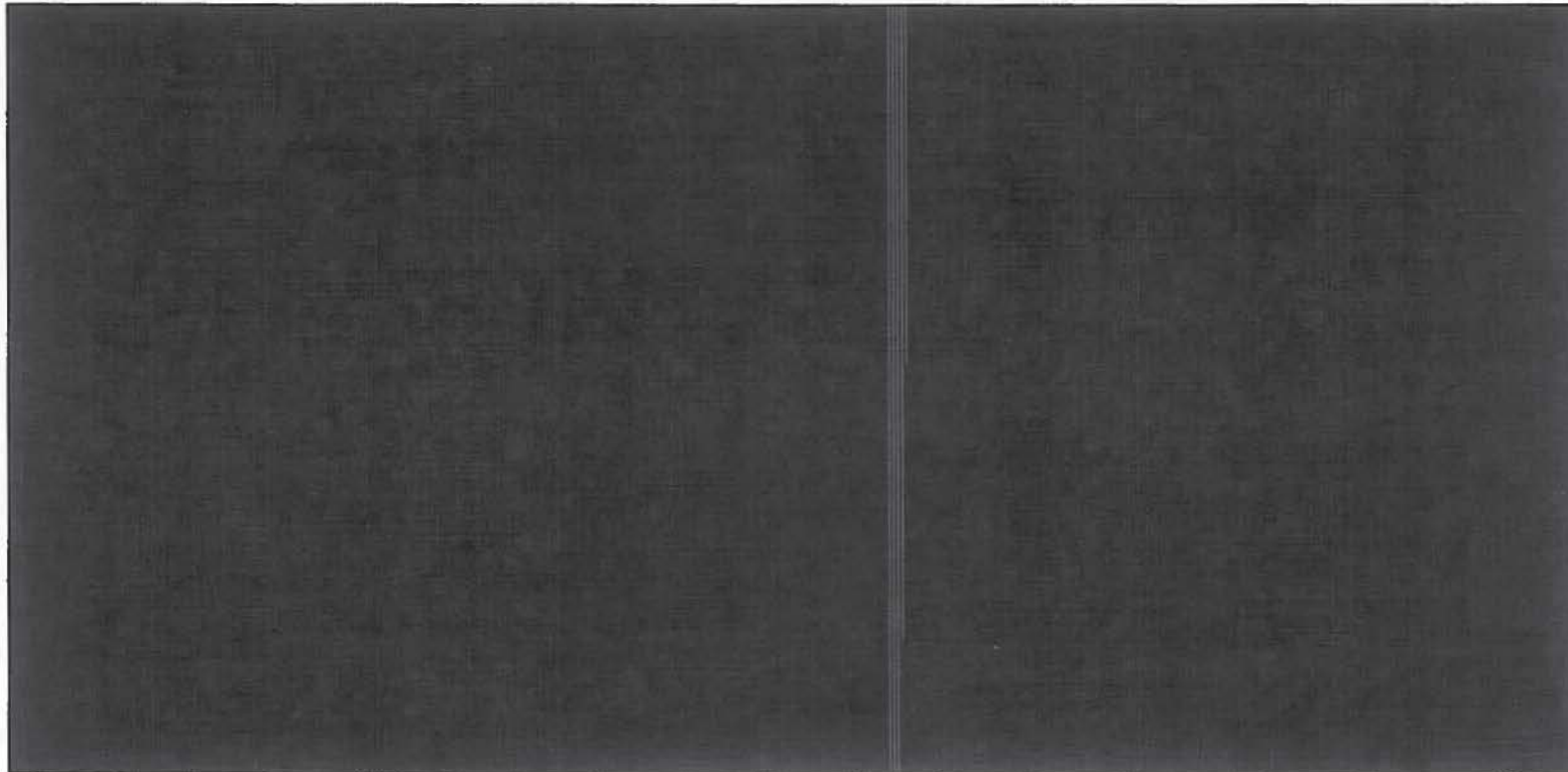
**PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

Study Area Name: Ace Telephone Association

SAC: 351346

State: Iowa

Form 481 Line 112



**Study Area Name: Ace Telephone Association**

**SAC: 351346**

**State: Iowa**

**Form 481 Line 510 Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is complying with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Ace Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

**Study Area Name: Ace Telephone Association**

**Study Area Code: 351346**

**State: Iowa**

**Form 481 Line Number 610**

**Certification that the carrier is able to function in emergency situations**

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Iowa Administrative Rule "199-22.6(5)a-d Emergency Operation" Carrier has

- Established reasonable provisions to meet emergencies resulting from failures of power service, climate control, sudden and prolonged increases in traffic, illness of operators or from fire, explosion, water, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - A minimum of two hours of battery service in each central office.
  - A permanently installed power unit in exchanges exceeding 4,000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruptions or impairment of telecommunications service.
- Has current plan available of emergency operations for board inspection and the plan contains
  - Names and telephone numbers of the telephone company's disaster service coordinator and alternates.

**Study Area Name: Ace Telephone Association**  
**Study Area Code: 351346**  
**State: Iowa**  
**Line 1200 Terms and Condition for Lifeline Customers**

**Lifeline Telephone Assistance Program**

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowan to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill.

Ace Telephone Association Lifeline service offerings are listed in the Ace Telephone Association Telephone Tariff Local Services, Part VI, Revised Sheet No. 6 filed with the Iowa Utilities Board.

All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules. Ace Telephone does adhere to all Federal Lifeline eligibility rules and regulations.

**Study Area Name: Ace Telephone Association**  
**Study Area Code: 351346**  
**State: Iowa**  
**Line 1200 Terms and Condition for Lifeline Customers**

**Information regarding low-income telephone assistance found on Company's website**  
[www.acegroup.cc](http://www.acegroup.cc) which is transitioning to [www.acentek.net](http://www.acentek.net)

## **Low-income Telephone Assistance Plans**

On a limited income? You can save with Lifeline services from Ace Communications Group. This federal assistance program can help you save on your monthly local phone service.

### **Services Provided**

Ace Communications Group provides single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

### **Lifeline**

Lifeline provides certain discounts on monthly service for qualified subscribers.

### **How to Qualify**

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here](#) to download the two-page certification form (PDF). Call Customer Service for more information.





# Lifeline, Link-Up & TAP Programs Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any support documentation received will not be kept, shared, or stored. Link-Up is only available for tribal lands, and TAP is only available to Minnesota residents.

(Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check One:    ☐ Permanent Residential Address    ☐ Temporary Residential Address (must verify every 90 days)

Billing Address: (if different than residential address above)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your telephone number:

Telephone number where you can be reached if not the same:

(\_\_\_\_) - \_\_\_\_\_ Area code & 7-digit number    (\_\_\_\_) - \_\_\_\_\_ Area code & 7-digit number

No. of people living in your household \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

## 1. I receive benefits from the following program(s):

Check and attach documentation for all that apply)

- ☐ Medicaid/Medical Assistance
- ☐ Federal Public Housing Assistance or Section 8 Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ National School Free Lunch Program
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Tribally Administered Temporary Assistance for Needy Families (TANF)
- ☐ Food Support (food stamps)
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Low-Income Home Energy Assistance (LIHEAP)
- ☐ Tribally Administered Head Start (for those meeting income qualifying standard)

## 2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline:    ☐ Yes    ☐ No

Please attach one of the documents below if you did not check any boxes in #1.

Last year's State, Federal, or Tribal Tax Return

3 consecutive months of most recent paycheck stub

Social Security Benefits Statement

Veteran's Administration Benefits Statement

Retirement/Pension Benefits Statement

Unemployment/Workmen's Compensation Statement

Divorce Decree

Child Support Document

Other

## 3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service).    ☐ Yes    ☐ No

## 4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up.    ☐ Yes    ☐ No

(continued on page 2)

**By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:**

- ♦ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ♦ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ♦ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ♦ I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ♦ I agree to provide documentation of my eligibility, when required to do so.
- ♦ By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- ♦ I understand that I must be a part of the household in which Lifeline supported service is provided
- ♦ I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- ♦ I understand that I may not transfer my service to any other individual.
- ♦ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ♦ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ♦ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ♦ I understand completion of this certification form does not constitute immediate acceptance into this program.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

**Print "Authorized Representative" Name** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mail this form and required documents to:** Ace Communications Group, 207 East Cedar, PO Box 360, Houston, MN 55943-0360

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

**Note:** Any support documentation received with this certification form **will not** be kept or stored by this local telecommunications provider.

**SERVICE PROVIDER USE ONLY**

Telephone Number Associated with Lifeline service: \_\_\_\_\_

Initiation Date: \_\_\_\_\_ De-enrollment Date: \_\_\_\_\_

Type of Documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits Card ☐ Income Statement ☐ Other

Identifying Information of Document Submitted: \_\_\_\_\_

Documentation Expiration Date (if applicable): \_\_\_\_\_

Name on Documentation (if different from name of applicant): \_\_\_\_\_

Method Documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Eligibility Documentation destroyed by: \_\_\_\_\_ Date destroyed: \_\_\_\_\_

## SERVICE CHARGES

## B. LIFELINE ASSISTANCE

1. The Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal Lifeline support amount to reduce the Lifeline customer's residential rate.

2. Eligibility Requirements  
To be eligible for assistance, an applicant must participate in one of the following:

- a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
- b. Food Stamps
- c. Supplemental Security Income (SSI)
- d. Federal public housing assistance
- e. Low-Income Home Energy Assistance Program (LHEAP)
- f. Persons with income at or below 135% of the Federal Poverty Guidelines
- g. Temporary Assistance for Needy Family (TANF)
- h. National School Lunch Program's Free Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

3. Application for Assistance  
An applicant shall request telephone assistance through completion of a form provided by the Company.

4. Rates

- a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit consists of the federal Lifeline support amount to reduce the Lifeline customer's residential rate.
- b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

ISSUED: March 20, 2012

EFFECTIVE: April 2, 2012

BY: Todd Roesler

CEO 207 E. Cedar Street, Houston, MN 55943

Study Area Name: Ace Telephone Association

SAC: 351346

State: Iowa

Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
351346	745 Canton IA	17.000			6.500			1.000			24.500
351346	567 Castalia	17.000			6.500			1.000			24.500
351346	423 Clermont	17.000			6.500			1.000			24.500
351346	497 Dorchester	17.000			6.500			1.000			24.500
351346	534 Fort Atkinson	17.000			6.500			1.000			24.500
351346	586 Harpers Ferry	17.000			6.500			1.000			24.500
351346	564 Highlandville	17.000			6.500			1.000			24.500
351346	544 New Albin	17.000			6.500			1.000			24.500
351346	532 Ossian	17.000			6.500			1.000			24.500
351346	535 Waterville	17.000			6.500			1.000			24.500

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2015, the average urban rate for local service is \$20.46

As shown above, the sum of the local rate and state fees is below \$46.96.

Carrier certifies that the sum of its local rate and state fees is below \$46.96.



## PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED

(3005a) Operating Report for Privately-Held Rate of Return Carriers

FCC Form 481

Balance Sheet - Data Collection Form

OMB Control No. 3060-0985

Page 1 of 3

July 2013

<010> Study Area Code	<010>	351346
<015> Study Area Name	<015>	ACE TELEPHONE ASSOCIATION
<020> Program Year	<020>	2013
<030> Contact Name - Person USAC should contact regarding this data	<030>	CYNTHIA SWEET
<035> Contact Telephone Number - Number of person identified in data line <030>	<035>	507 896 6211
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	csweet@accpgmgroup.com

☐ Files as reviewed single company☒ Filed as audited single company☐ Filed as reviewed consolidated company☐ Filed as audited consolidated company☐ Filed as subsidiary of reviewed consolidated company☐ Filed as subsidiary of audited consolidated company

## CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

Signature

Date

## PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Recquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstanding & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
24. TOTAL ASSETS (10+17+23)			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		



**PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

(3005b) Operating Report for Privately-Held Rate of Return Carriers  
Balance Sheet - Data Collection Form  
Page 2 of 3

FCC Form 481  
OMB Control No. 3060-0986  
July 2013

<010> Study Area Code  
<015> Study Area Name  
<020> Program Year  
<030> Contact Name - Person USAC should contact regarding this data  
<035> Contact Telephone Number - Number of person identified in data line <030>  
<039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 351346  
<015> ACE TELEPHONE ASSOCIATION  
<020> 2015  
<030> CYNTHIA SWEET  
<035> 507 896 6211  
<039> csweet@acecomgroup.com

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period [(31+33+34)-(35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11)/7]		
46. Operating Accrual Ratio [(14+20+26)/7]		
47. TIER [(31+26)/26]		
48. DSCR [(31+26+10+11)/44]		

**PUBLIC DOCUMENT TRADE SECRET DATA HAS BEEN EXCISED**

(3005c) Operating Report for Privately-Held Rate of Return Carriers  
 Balance Sheet - Data Collection Form  
 Page 3 of 3

FCC Form 481  
 OMB Control No. 3060-0986  
 July 2013

<010> Study Area Code  
 <015> Study Area Name  
 <020> Program Year  
 <030> Contact Name - Person USAC should contact regarding this data  
 <035> Contact Telephone Number - Number of person identified in data line <030>  
 <039> Contact Telephone Email Address - Email Address of person identified in data line <030>

<010> 351346  
 <015> ACE TELEPHONE ASSOCIATION  
 <020> 2015  
 <030> CYNTHIA SWEET  
 <035> 507 896 6211  
 <039> csweet@acecomgroup.com

PART C. STATEMENTS OF CASH FLOWS		
1.	Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
2.	Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
3.	Add: Depreciation	
4.	Add: Amortization	
5.	Other (Explain)	
Changes in Operating Assets and Liabilities		
6.	Decrease/(Increase) in Accounts Receivable	
7.	Decrease/(Increase) in Materials and Inventory	
8.	Decrease/(Increase) in Prepayments and Deferred Charges	
9.	Decrease/(Increase) in Other Current Assets	
10.	Increase/(Decrease) in Accounts Payable	
11.	Increase/(Decrease) in Advance Billings & Payments	
12.	Increase/(Decrease) in Other Current Liabilities	
13.	Net Cash Provided/(Used) by Operations	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
14.	Decrease/(Increase) in Notes Receivable	
15.	Increase/(Decrease) in Notes Payable	
16.	Increase/(Decrease) in Customer Deposits	
17.	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18.	Increase/(Decrease) in Other Liabilities & Deferred Credits	
19.	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20.	Less: Payment of Dividends	
21.	Less: Patronage Capital Credits Retired	
22.	Other (Explain)	
23.	Net Cash Provided/(Used) by Financing Activities	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
24.	Net Capital Expenditures (Property, Plant & Equipment)	
25.	Other Long-Term Investments	
26.	Other Noncurrent Assets & Jurisdictional Differences	
27.	Other (Explain)	
28.	Net Cash Provided/(Used) by Investing Activities	
29.	Net Increase/(Decrease) in Cash	
30.	Ending Cash	